

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE**

**WILLIAM JOSEPH WEBB JR.,**  
Plaintiff,

v.

**FIRST CORRECTIONAL MEDICAL,**  
**ET. AL.,**  
Defendants.

CIV. ACT. NO. : 07-31-GMS

JURY TRIAL REQUESTED

**PLAINTIFF'S FIRST SET OF DISCOVERY TO DEFENDANT CMS.**

1. Any and all statements, descriptions of statements, summaries of statements, memoranda, records or writing (signed or unsigned) of any and all witnesses, including any statements from the parties herein, or their respective agents, servants or employees, including tapes or other mechanically transcribed information.



RESPONSE: Due to an investigation is going on and discovery from all defendants has not been completed in their respective manner, Plaintiff is going to defer this portion until a later time.

2. All photographs, recordings, films, charts, sketches, graphs and diagrams taken and/or prepared.

RESPONSE: Most of this request is already in Defendant CMS' possession, and the rest will be made at a later date.

3. Any and all reports compiled or prepared by an individual who has been retained as an expert in this matter.

RESPONSE: Plaintiff intends to file a motion with the Court for funds and/or appointment of an expert.

4. The names, home and business addresses of all experts contacted.

RESPONSE: James Ley	Marshall Williams	Susan Peluso	GI Consultants
537 Christiana Rd.	537 Christiana Rd.	550 Christiana Rd.	1001 S. Bradford St.
Newark, DE 19713	Newark, DE 19713	Newark, DE 19713	Dover, DE 19904

Julia Graff-ACLU DE  
100 W. 10<sup>TH</sup> St.  
Wilmington, DE 19802

5. All writings, memoranda, date and/or tangible things which related directly or indirectly to the incident and damages set forth in Plaintiff's Complaint.

RESPONSE: Plaintiff defers this request until a later date due to John and Jane Does along with Dr. John and Jane Does have not been identified and the full statements of other defendants have not been fully discovered, but you can refer to the attached documents as preliminary discovery.

6. Any and all copies of Internal Revenue Service Tax Returns for five full years prior to, and all years subsequent to the date referred to in Plaintiff's Complaint.

RESPONSE: Plaintiff has not filed any returns within the last five years prior to the filing of said Complaint, but did pay taxes on the sale of 33 University Avenue after the death of His Mother.

7. Any and all documents, records, evidence, and anything whatsoever which will be introduced at trial for use in direct examination or impeachment.

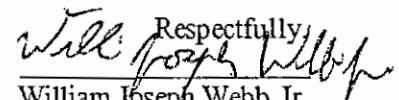
RESPONSE: Attached hereto with the exception of various statements and documents that have not been received yet by different authorities/experts.

8. Any document or thing the Plaintiff has read or referred to in preparation of any pleadings in the instant case.

RESPONSE: His medical file from both medical provider defendants in this case, Eighth Amendment U.S.C.A., various newspaper articles, some of the attached discovery.

The Plaintiff states anything that is not attached hereto is not to be taken as failure to make available for discovery where there are numerous factors that make total discovery available until all defendants have been identified, further investigation completed, awaiting medical records, and possibly an intervening party in a singular and/or plural manner.

Plaintiff William Joseph Webb Jr. under the penalty of perjury states that the foregoing facts are true and correct to the best of His knowledge on this 20<sup>th</sup> day of August, 2007.

Respectfully,  
  
William Joseph Webb Jr.  
#256056 / D/EF17T  
1181 Paddock Road  
Smyrna, DE 19977

DCC Delaware Correctional Center  
Smyrna Landing Road  
SMYRNA DE, 19977  
Phone No. 302-653-9261

Date: 10/11/2006

## GRIEVANCE INFORMATION - Appeal

## OFFENDER GRIEVANCE INFORMATION

Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC
Grievance # : 60046	Grievance Date : 08/03/2006	Category : Individual
Status : Unresolved	Resolution Status :	Inmate Status :
Grievance Type: Medical Staff	Incident Date : 08/02/2006	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 23, Upper, Tier A, Cell 10, Bottom	

## APPEAL REQUEST

Appeal arrived 10/9/2006. Appeal accepted, Cpl Merson did not collect grievances/appeals due to being out on leave. Appeal states: The reasons I should be granted a medical release from prison are:

1. I'm being denied medical care that is below standard of care due to me in which on February 20, 2005 I almost died.
2. The staff here is trying to cut corners in medical where I have Hepatitis C and again the doctor tried to shortch the procedures to gave money which could have proved deadly.
3. On August 3, 2006 I filed a sick call slip the same day as this grievance being appealed was filed and have yet to be seen for medical attention, therefore I qualify to be released so I can get my own medical insurance, I don't need the staff trying to avoid serious situations and lying trying to avoid their job.
4. Medicals actions amount to malpractice, gross and wanton negligence, I have been more then fair I need medical attention that is adequate not speedy to save money, I can get a job and get my own insurance.

## REMEDY REQUEST

DEPARTMENT OF CORRECTION  
Bureau of Prisons  
245 McKee Road  
Dover, Delaware 19904

D/E F-17

December 6, 2006  
November 29, 2006

Inmate WEBB WILLIAM J J  
SBI # 00256056  
DCC Delaware Correctional Center  
SMYRNA DE, 19977

Dear WILLIAM WEBB:

We have reviewed your Grievance Case # 14406 dated 05/19/2005.

Based upon the documentation presented for our review, we deny your appeal request.

Accordingly, there is no further issue to mediate nor Outside Review necessary as provided by BOP Procedure 4.4 entitled "Inmate Grievance Procedure", Level III appeals.

Sincerely,

Paul W. Howard  
Bureau Chief

DCC Delaware Correctional Center  
Smyrna Landing Road  
SMYRNA DE, 19977  
Phone No. 302-653-9261

Date: 12/06/2006

## GRIEVANCE REPORT

### OFFENDER GRIEVANCE INFORMATION

Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC
Grievance # : 14406	Grievance Date : 05/19/2005	Category : Individual
Status : Resolved	Resolution Status : Level 3	Resol. Date : 12/06/2006
Grievance Type: Health Issue (Medical)	Incident Date : 05/19/2005	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 17, Top	

### OFFENDER GRIEVANCE DETAILS

**Description of Complaint:** I was to be scheduled for an ultrasound on my legs due to I have had cellulitis three times in my left leg and once in my right. My legs are still having swelling problems.

**Remedy Requested :** To have the ultrasound taken and have other tests performed to see what is wrong with my health

### INDIVIDUALS INVOLVED

Type	SBI #	Name
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### ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES	Date Received by Medical Unit : 06/09/2005
Investigation Sent : 06/09/2005	Investigation Sent To : Wolken, Gina
Grievance Amount :	

DCC Delaware Correctional Center  
Smyrna Landing Road  
SMYRNA DE, 19977  
Phone No. 302-653-9261

Date: 12/06/2006

**INFORMAL RESOLUTION****OFFENDER GRIEVANCE INFORMATION**

Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC
Grievance # : 14406	Grievance Date : 05/19/2005	Category : Individual
Status : Resolved	Resolution Status: Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 05/19/2005	Incident Time :
IGC : Merson, Lise M	Housing Location :Bldg D-EAST, Tier F, Cell 17, Top	

**INFORMAL RESOLUTION**

Investigator Name : Wolken, Gina Date of Report 06/09/2005

Investigation Report : Will schedule you to see a medical provider  
Refused to sign

Reason for Referring:

Offender's Signature: \_\_\_\_\_

Date : \_\_\_\_\_

Witness (Officer) : \_\_\_\_\_

DCC Delaware Correctional Center  
Smyrna Landing Road  
SMYRNA DE, 19977  
Phone No. 302-653-9261

Date: 12/06/2006

**GRIEVANCE INFORMATION - IGC****OFFENDER GRIEVANCE INFORMATION**

Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC
Grievance # : 14406	Grievance Date : 05/19/2005	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 05/19/2005	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 17, Top	

**IGC**

Medical Provider: \_\_\_\_\_ Date Assigned \_\_\_\_\_

**Comments:**☒ Forward to MGC☐ Warden Notified☐ Forward to RGC

Date Forwarded to RGC/MGC : 06/21/2005

☒ Offender Signature Captured

Date Offender Signed : \_\_\_\_\_

DCC Delaware Correctional Center  
Smyrna Landing Road  
SMYRNA DE, 19977  
Phone No. 302-653-9261

Date: 12/06/2006

## GRIEVANCE INFORMATION - Appeal

### OFFENDER GRIEVANCE INFORMATION

Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC
Grievance # : 14406	Grievance Date : 05/19/2005	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 05/19/2005	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 17, Top	

### APPEAL REQUEST

Appeal due 10-23-2005. Appeal received 10-24-2005.

The reasons I'm appealing are:

1. I was denied medical attention because of a monetary purpose not a medical perspective.
2. I have life threatening issues.
3. My symptoms are the same as a person suffering poor blood circulation in the legs.

Relief requested: Immediate tests done on my legs to see if I have poor blood circulation in my legs, an ultrasound if necessary.

Respectfully Submitted,  
Joseph Webb.

### REMEDY REQUEST

DCC Delaware Correctional Center  
Smyrna Landing Road  
SMYRNA DE, 19977  
Phone No. 302-653-9261

Date: 12/08/2006

**GRIEVANCE INFORMATION - BGO****OFFENDER GRIEVANCE INFORMATION**

Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC
Grievance # : 14406	Grievance Date : 05/19/2005	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 05/19/2005	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 17, Top	

**REFERRED TO**

Due Date : 03/08/2006      Referred to: Person      Name: Welch, James

**Type of Information Requested :**

Grievant states he was promised a leg ultrasound he has not received.

**DECISION**

Date Received : 10/25/2005

Decision Date : 09/26/2006

Vote : Deny

Comments :

I/M diagnosed with chronic cellulitis and is his treatment is being followed on the chronic care case load

DCC Delaware Correctional Center  
 Smyrna Landing Road  
 SMYRNA DE, 19977  
 Phone No. 302-653-9261

Date: 12/06/2006

**GRIEVANCE INFORMATION - MGC****OFFENDER GRIEVANCE INFORMATION**

Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC
Grievance # : 14406	Grievance Date : 05/19/2005	Category : Individual
Status : Resolved	Resolution Status: Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 05/19/2005	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 17, Top	

**MGC**

Date Received : 06/21/2005

Date of Recommendation: 10/25/2005

**GRIEVANCE COMMITTEE MEMBERS**

Person Type	SBI #	Name	Vote
Staff		Wright, Matthalina	Deny
Staff		Prather, Mary	Deny
Staff		McCreanor, Michael	Abstain

**VOTE COUNT**

Uphold : 0

Deny : 2

Abstain : 1

**TIE BREAKER**

Person Type	SBI #	Name	Vote
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**RECOMMENDATION**

hearing held 10-20-2005.

Deny: Ultrasound was denied by medical director per patient. Inmate was seen 6-16-2005 and diagnosed with chronic cellulitis. Will be inserted in CC system.

D. Plante RN - deny

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): **MEDICAL DENTAL MENTAL HEALTH**

William J. Webb Jr.

Name (Print)

D/E F17

Housing Location

10/21/72

Date of Birth

256056

SBI Number

January 13, 2007

Date Submitted

Complaint (What type of problem are you having)?

Want testing for Meningitis and immediate  
disbursement of the proper antibiotics or something  
guaranteed in writing that the said inmate on the paper  
did not have said ailment.

Will J. Webb Jr.

Inmate Signature

January 13, 2007

Date

The below area is for medical use only. Please do not write any further.

S: This facility is cleared - M

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A:

P:

E:

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

263

M 1/18/07

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): **MEDICAL DENTAL MENTAL HEALTH**

W. J. Webb

Name (Print)

10/21/72

Date of Birth

56056

SEI Number

D/E F17

Housing Location

7/3/07

Date Submitted

Complaint (What type of problem are you having)?

I'm having ~~some~~ ~~for~~  
a recurrence of boils and need immediate  
medical attention

Will Webb

Inmate Signature

7/3/07

Date

The below area is for medical use only. Please do not write any further.

S: appt & medical MD will be made

medical

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A:

P:

E:

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#

MED

263

2

RECEIVED  
JUL - 7 - 2007  
CORRECTIONAL MEDICAL SERVICES

**DELAWARE DEPARTMENT OF CORRECTIONS**  
**REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**  
**FACILITY: DELAWARE CORRECTIONAL CENTER**  
 This request is for (circle one): **MEDICAL DENTAL MENTAL HEALTH**

William J. Webb Jr.

D/E F17T

Name (Print)

Housing Location

10/21/72

00256055

April 10, 2007

Date of Birth

SBI Number

Date Submitted

Complaint (What type of problem are you having)? I have a large lump on my right leg that isn't going away and a rash on my chest and buttocks.

I had this lump when I was last seen in February by Nurse Practitioner Igoni (not sure about spelling) — not a doctor as the sick call 1st started.

William J. Webb Jr.

April 10, 2007

Inmate Signature

Date

The below area is for medical use only. Please do not write any further.

S: S Chestnut NCC 9W

RECEIVED

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

APR 12 2007

EDUCATIONAL MATERIAL  
CORRECTIONAL MEDICAL SERVICES

A:

P:

E:

Provider Signature &amp; Title

Date &amp; Time

# DELAWARE DEPARTMENT OF CORRECTIONS REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES

FACILITY: DELAWARE CORRECTIONAL CENTER

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

William J. Webb Jr.

D/K F17

Name (Print)

Housing Location

10/21/72

256051

6/6/07

Date of Birth

SBI Number

Date Submitted

Complaint (What type of problem are you having)? The doctor said it  
the lump on my leg does not go down pit in a  
sick call slip also I have a lump on my back  
and boils on my buttocks that are not going away.

Will J. Webb Jr.

6/6/07

Inmate Signature

Date

The below area is for medical use only. Please do not write any further.

S: NSC scheduled for evaluation  
of Medical

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A:

P:

E:

Provider Signature & Title

Date & Time

No.	_____	Date	<u>1-9-07</u>
For	<u>Webb Wm</u>		
Directions	_____		
	<u>Keflex 500mg</u>		
	<u>by mouth twice</u>		
	<u>daily with food</u>		
Dr.	<u>finish all</u>		

**DELAWARE DEPARTMENT OF CORRECTIONS**  
**REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**  
**FACILITY: DELAWARE CORRECTIONAL CENTER**  
 This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

William J. Webb Jr.

Name (Print)

D/E F17T

Housing Location

10/21/72

Date of Birth

256056

SBI Number

6/6/07

Date Submitted

Complaint (What type of problem are you having)? The doctor said it  
the lump on my leg does not go down put in a  
sick call slip 4/50 I have a lump on my back  
and boils on my buttocks that are not going away.

William J. Webb Jr.

Inmate Signature

6/6/07

Date

The below area is for medical use only. Please do not write any further.

S:

O:

Temp: \_\_\_\_\_

Pulse: \_\_\_\_\_

Resp: \_\_\_\_\_

B/P: \_\_\_\_\_

WT: \_\_\_\_\_

A:

P:

E:

Provider Signature &amp; Title

Date &amp; Time

# **Delaware Department of Correction Health Care Services Fee Sheet**

Inmate Name Webb, William SBI # 256056  
(Last, First MI)

Facility DCC Date 12/18/06

☒ Chargeable Visit \$4.00

☐ Non Chargeable Visit -0-

☒ Medication Handling Fee (\$2.00 X         ) \$ 2.00

**Total Amount Charged To Inmate Account** \$ 6.00

Health Care Staff Signature: Kerry Kiebler

**I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.**

Inmate Signature: [Signature] Date: 12/18/06

1) \*Witness Signature:                                  Date:                                 

2) \*Witness Signature:                                  Date:                                 

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

**Distribution:**

Original: Facility Business Office Posted/Entered by                                  Date                                 

Copy: Inmate Medical Record (yellow)  
Inmate (pink)

\*Only needed if inmate refuses or is unable to sign.

**FORM #: 621**

3 part NCR

# **Delaware Department of Correction Health Care Services Fee Sheet**

Inmate Name Webb William SBI # 256056  
(Last, First MI)

Facility DEC Date 9-5-06

<input type="checkbox"/>	Chargeable Visit	\$4.00
<input checked="" type="checkbox"/>	Non Chargeable Visit	-0-
<input type="checkbox"/>	Medication Handling Fee (\$2.00 X <u>      </u> )	\$ <u>      </u>

Total Amount Charged To Inmate Account \$ 0

Health Care Staff Signature: KC

**I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.**

Inmate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1) \*Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2) \*Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

**Distribution:**

Original: Facility Business Office      Posted/Entered by \_\_\_\_\_ Date \_\_\_\_\_  
Copy: Inmate Medical Record (yellow)  
Inmate (pink)

\*Only needed if inmate refuses or is unable to sign.

**FORM #: 621**

3 part NCR

**Delaware Department of Correction  
Health Care Services Fee Sheet**

Inmate Name Debb Williams SBI # 760-4

(Last, First MI)

Facility Dec Date 8-23-06

<input type="checkbox"/>	Chargeable Visit	\$4.00
<input checked="" type="checkbox"/>	Non Chargeable Visit	-0-
<input type="checkbox"/>	Medication Handling Fee (\$2.00 X <u>      </u> )	\$ <u>      </u>

**Total Amount Charged To Inmate Account** \$ 0

Health Care Staff Signature: KC

**I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.**

Inmate Signature: [Signature] Date: 8-23-06

1) \*Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2) \*Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

**Distribution:**

Original: Facility Business Office      Posted/Entered by \_\_\_\_\_ Date \_\_\_\_\_  
Copy: Inmate Medical Record (yellow)  
Inmate (pink)

\*Only needed if inmate refuses or is unable to sign.

**FORM #: 621**

3 part NCR

(Last, First MI)

<u>      </u>	Chargeable Visit	\$4.00
<u>  ✓  </u>	Non Chargeable Visit	-0-
<u>      </u>	Medication Handling Fee (\$2.00 X <u>      </u> )	\$ <u>      </u>

**Total Amount Charged To Inmate Account** \$ 0

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

2) \*Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(C:Copy.96:Form.4)

(Last, First MI)

Date \_\_\_\_\_

## Chargeable Visit

**\$4.00**

### Non Chargeable Visit

-0-

Medication Handling Fee (\$2.00 X       )

**S**

### Total Amount Charged To Inmate Account

**S**

**Health Care Staff Signature:**

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

**Inmate Signature:**

Date: \_\_\_\_\_

1) \*Witness Signature:

Date: \_\_\_\_\_

2) \*Witness Signature:

Date: \_\_\_\_\_

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

**Distribution:**

Original: Facility Business Office

Posted/Entered by

Date \_\_\_\_\_

Copy: Inmate Medical Record (yellow)

Inmate (pink)

\*Only needed if inmate refuses or is unable to sign.

FORM #: 621

3 part NCR

**Delaware Department of Correction  
Health Care Services Fee Sheet**

Inmate Name W-667, Williams SBI # 98-056  
(Last, First MI)

Facility Dec Date 8/23/06

☐ Chargeable Visit \$4.00  
☒ Non Chargeable Visit -0-  
☐ Medication Handling Fee (\$2.00 X \_\_\_\_\_) \$ \_\_\_\_\_

Total Amount Charged To Inmate Account \$ 0

Health Care Staff Signature: [Signature]

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: [Signature] Date: 8/23/06

1) \*Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2) \*Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

**Distribution:**

Original: Facility Business Office Posted/Entered by \_\_\_\_\_ Date \_\_\_\_\_  
 Copy: Inmate Medical Record (yellow)  
 Inmate (pink)

\*Only needed if inmate refuses or is unable to sign.

**FORM #: 621**

3 part NCR

# **Delaware Department of Correction Health Care Services Fee Sheet**

Inmate Name

Little, William

SBI #

256056

(Last, First MI)

Facility

DOC

Date

12-22-05

Chargeable Visit

\$4.00

☒ Non Chargeable Visit

-0-

Medication Handling Fee (\$2.00 X \_\_\_\_\_)

\$ \_\_\_\_\_

**Total Amount Charged To Inmate Account**\$ 0

Health Care Staff Signature:

J. ON NP

**I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.**

Inmate Signature:

X William Little

Date:

X 12-22-05

1) \*Witness Signature:

Date:

2) \*Witness Signature:

Date:

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office

Posted/Entered by \_\_\_\_\_

Date \_\_\_\_\_

Copy: Inmate Medical Record (yellow)

Inmate (pink)

\*Only needed if inmate refuses or is unable to sign.

**FORM #: 621**

3 part NCR

**Delaware Department of Correction  
Health Care Services Fee Sheet**

Inmate Name Webb, William SBI # 256056  
(Last, First MI)

Facility DCC Date 11/30/05

☐ Chargeable Visit \$4.00  
☒ Non Chargeable Visit -0-  
☐ Medication Handling Fee (\$2.00 X       ) \$       

**Total Amount Charged To Inmate Account** \$ 0

Health Care Staff Signature: \_\_\_\_\_

**I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.**

Inmate Signature: William Webb Date: 11/30/05

1) \*Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2) \*Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

**Distribution:**

Original: Facility Business Office Posted/Entered by \_\_\_\_\_ Date \_\_\_\_\_  
 Copy: Inmate Medical Record (yellow)  
       Inmate (pink)

\*Only needed if inmate refuses or is unable to sign.

**FORM #: 621**

3 part NCR

**Delaware Department of Correction  
Health Care Services Fee Sheet**

Inmate Name Walt Wilson SBI# 256046  
(Last, First MI)

Facility CCC Date 4/16/07

<input checked="" type="checkbox"/>	Chargeable Visit	\$4.00
<input type="checkbox"/>	Non Chargeable Visit	-0-
<input checked="" type="checkbox"/>	Medication Handling Fee (\$2.00 X <u>      </u> )	\$ <u>2.00</u>
<b>Total Amount Charged To Inmate Account</b>		\$ <u>6.00</u>

Health Care Staff Signature: [Signature]

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: [Signature] Date: 4/16/07

1) \*Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2) \*Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

**Distribution:**

Original: Facility Business Office      Posted/Entered by \_\_\_\_\_ Date \_\_\_\_\_  
Copy: Inmate Medical Record (yellow)  
Inmate (pink)

\*Only needed if inmate refuses or is unable to sign.

**FORM #: 621**

3 part NCR

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

William Webb

D/E F17

Name (Print)

Housing Location

10/21/72

00256032

2/5/07

Date of Birth

SBI Number

Date Submitted

Complaint (What type of problem are you having)?

Need ~~med~~ antibiotics

due to the Staph infection is in my bloodstream  
and need to see the doctor.

Will. P. Webb Jr.

2/3/07

Inmate Signature

Date

The below area is for medical use only. Please do not write any further.

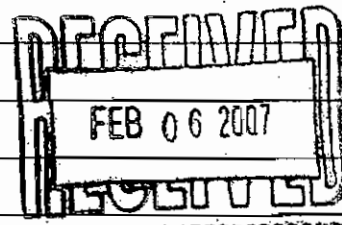
S: Scheduled 2 MD/MLP - 9am

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A:

P:

E:



Provider Signature & Title

Date & Time

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): **MEDICAL DENTAL MENTAL HEALTH**

William J. Webb Jr.

Name (Print)

D/E F12 T

Housing Location

10/21/72

Date of Birth

256056

SBI Number

JANUARY 13, 2007

Date Submitted

Complaint (What type of problem are you having)?

Want testing for Meningitis and immediate  
disbursement of the proper antibiotics or something  
guaranteed in writing that the said inmate did not  
have said ailment. <sup>in the</sup> <sup>paper</sup>

William J. Webb Jr.

Inmate Signature

January 13, 2007

Date

The below area is for medical use only. Please do not write any further.

S:

O:

Temp: \_\_\_\_\_

Pulse: \_\_\_\_\_

Resp: \_\_\_\_\_

B/P: \_\_\_\_\_

WT: \_\_\_\_\_

A:

P:

E:

Provider Signature & Title

Date & Time

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): **MEDICAL DENTAL MENTAL HEALTH**

William J. Webb Jr.

D/E F 17

Name (Print)  
10/21/72  
Date of Birth

00256056  
SBI Number

Housing Location  
Apri 10 2007  
Date Submitted

Complaint (What type of problem are you having)? I have a large lump on my right leg that isn't going away and a rash on my chest and buttocks.

I have had this lump when I was last seen in February by Nurse Practitioner - not a Doctor as Sick call list stated - I know (not definite)

Will J. Webb Jr

Inmate Signature

Date: April 10, 2007

The below area is for medical use only. Please do not write any further.

S:

O:

Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A:

P:

E:

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED  
263

DCC Delaware Correctional Center  
 Smyrna Landing Road  
 SMYRNA DE, 19977  
 Phone No. 302-653-9261

Date: 06/13/2005

**GRIEVANCE REPORT****OFFENDER GRIEVANCE INFORMATION**

Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC
Grievance # : 14406	Grievance Date : 05/19/2005	Category : Individual
Status : Unresolved	Resolution Status :	Resol. Date :
Grievance Type: Health Issue (Medical)	Incident Date : 05/19/2005	Incident Time :
IGC : Vargas, Rosalie	Housing Location : Bldg 21, Lower, Tier A, Cell 7, Bottom	

**OFFENDER GRIEVANCE DETAILS**

**Description of Complaint:** I was to be scheduled for an ultrasound on my legs due to I have had cellulitis three times in my left leg and once in my right. My legs are still having swelling problems.

**Remedy Requested :** To have the ultrasound taken and have other tests performed to see what is wrong with my health

**INDIVIDUALS INVOLVED**

Type	SBI #	Name
------	-------	------

**ADDITIONAL GRIEVANCE INFORMATION**

Medical Grievance : YES	Date Received by Medical Unit : 06/09/2005
Investigation Sent : 06/09/2005	Investigation Sent To : Wolken, Gina
Grievance Amount :	

DCC Delaware Correctional Center

Date: 06/13/2005

Smyrna Landing Road

SMYRNA DE, 19977

Phone No. 302-653-9261

## INFORMAL RESOLUTION

## OFFENDER GRIEVANCE INFORMATION

Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC
Grievance # : 14406	Grievance Date : 05/19/2005	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 05/19/2005	Incident Time :
IGC : Vargas, Rosalie	Housing Location : Bldg 21, Lower, Tier A, Cell 7, Bottom	

## INFORMAL RESOLUTION

Investigator Name : Wolken, Gina

Date of Report 06/09/2005

Investigation Report :

Reason for Referring:

*Will schedule you to see medical provider.*

Offender's Signature:

*Refused to sign.*

Date

*6/14/05*

Witness (Officer)

*King Lammaker*

Emergency Grievance

FORM #585

MEDICAL GRIEVANCE

FACILITY: Delaware Correctional Center

DATE SUBMITTED: October 10, 2005

INMATE'S NAME: William Joseph Webb Jr.

SBI#: 00256056

HOUSING UNIT: 21467

CASE #: \_\_\_\_\_

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: Ongoing Situation

TYPE OF MEDICAL PROBLEM:

I have poor blood circulation in my legs, I have been intentionally denied the ultrasounds on my legs by Dr. Alimdo originally said I would receive them. I'm having problems with breathing and pains in my chest. I fear for my life because of the medical staff's sadistic manner. My health problems are life threatening.

GRIEVANT'S SIGNATURE: William Joseph Webb Jr.

DATE: October 10, 2005

ACTION REQUESTED BY GRIEVANT: The ultrasounds completed by an outside specialist due to there are fund available before I have to take other actions for me to protect my life and health.

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

XC: U.S. Attorney General's Office

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

FORM #585

MEDICAL GRIEVANCE

FACILITY: D.C.C.  
 INMATE'S NAME: William Joseph Webb Jr.  
 HOUSING UNIT: Bldg. 21 AL7

DATE SUBMITTED: May 19, 2005  
 SBI#: 00256056  
 CASE #: \_\_\_\_\_

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: March 11, 2005 until current date

## TYPE OF MEDICAL PROBLEM:

I was to be scheduled for an ultrasound on my legs due to I have had cellulitis ~~three~~ <sup>three times</sup> in my left and once in my right. The last time I was in the hospital I was denied tylenol and ice until my temperature rose to 104° by a Dr. A whoever that is, this was on February 20, 2005. My legs are still having swelling problems and I have something going on with my lungs due to these denials of medical attention, negligence, and failure to perform duties.

GRIEVANT'S SIGNATURE: William Joseph Webb Jr. DATE: May 19, 2005

ACTION REQUESTED BY GRIEVANT: To have the ultrasound taken and have other tests performed to see what is wrong with my health.

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

**NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.**

Smyrna Landing Road  
 SMYRNA DE, 19977  
 Phone No. 302-653-9261

Inmate Copy

**GRIEVANCE REPORT****OFFENDER GRIEVANCE INFORMATION**

Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC
Grievance # : 14406	Grievance Date : 05/19/2005	Category : Individual
Status : Unresolved	Resolution Status :	Resol. Date :
Grievance Type: Health Issue (Medical)	Incident Date : 05/19/2005	Incident Time :
IGC : Vargas, Rosalie	Housing Location : Bldg 21, Lower, Tier A, Cell 7, Bottom	

**OFFENDER GRIEVANCE DETAILS**

**Description of Complaint:** I was to be scheduled for an ultrasound on my legs due to I have had cellulitis three times in my left leg and once in my right. My legs are still having swelling problems.

**Remedy Requested :** To have the ultrasound taken and have other tests performed to see what is wrong with my health

**INDIVIDUALS INVOLVED**

Type	SBI#	Name
------	------	------

**ADDITIONAL GRIEVANCE INFORMATION**

Medical Grievance : YES	Date Received by Medical Unit : 06/09/2005
Investigation Sent : 06/09/2005	Investigation Sent To : Wolken, Gina
Grievance Amount :	

Smyrna Landing Road  
SMYRNA DE, 19977  
Phone No. 302-653-9261

## INFORMAL RESOLUTION

### OFFENDER GRIEVANCE INFORMATION

Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC
Grievance # : 14406	Grievance Date : 05/19/2005	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 05/19/2005	Incident Time :
IGC : Vargas, Rosalie	Housing Location : Bldg 21, Lower, Tier A, Cell 7, Bottom	

### INFORMAL RESOLUTION

Investigator Name : Wolken, Gina

Date of Report 06/09/2005

Investigation Report :

Reason for Referring:

February 20 to March 2, 2003 for stay at  
hospital  
May 19, 2003 for filing of medical  
grievance

Offender's Signature: \_\_\_\_\_

Date : \_\_\_\_\_

Witness (Officer) : \_\_\_\_\_

Smyrna Landing Road  
SMYRNA DE, 19977  
Phone No. 302-653-9261

## GRIEVANCE INFORMATION - Appeal

### OFFENDER GRIEVANCE INFORMATION

Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC
Grievance # : 14406	Grievance Date : 05/19/2005	Category : Individual
Status : Unresolved	Resolution Status :	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 05/19/2005	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 21, Lower, Tier A, Cell 7, Bottom	

### APPEAL REQUEST

Appeal due 10-23-2005. Appeal received 10-24-2005.

The reasons I'm appealing are:

1. I was denied medical attention because of a monetary purpose not a medical perspective.
2. I have life threatening issues.
3. My symptoms are the same as a person suffering poor blood circulation in the legs.

Relief requested: Immediate tests done on my legs to see if I have poor blood circulation in my legs, an ultrasound if necessary.

Respectfully Submitted,  
Joseph Webb.

### REMEDY REQUEST

Inmate Copy

INMATE/PATIENT EDUCATION  
RASH

Many things can cause rashes:

Plants such as poison ivy  
Chemicals such as harsh detergents  
Some medications  
Infections  
Certain clothing and hygiene products

Often it is impossible to identify the cause of a rash.

Treatment for rashes is to remove what is causing the rash, if known, and to relieve the symptoms.

You should do the following things:

1. Wash or bathe in cool water only.
2. If you know what caused the rash, try to avoid it.
3. You may be given cortisone cream to apply to the rash 2-3 times a day. Use a little and rub in well. Wash your hands before and after applying the cream. Use for 3 days only.
4. The following are signs that infection may be starting:

Increased redness  
Increased swelling  
Pus formation  
Increased warmth  
Red streaks  
Increased pain

If you experience any of these signs, return to sick call.

Return to sick call if your rash spreads or does not get better after using cream for 3 days.

DCC Delaware Correctional Center  
Smyrna Landing Road  
SMYRNA DE, 19977  
Phone No. 302-653-9261

Date: 09/26/2006

## GRIEVANCE INFORMATION - MGC

### OFFENDER GRIEVANCE INFORMATION

Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC
Grievance # : 60046	Grievance Date : 08/03/2006	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Medical Staff	Incident Date : 08/02/2006	Incident Time :
IGC : Merson, Lise M.	Housing Location : Bldg 23, Upper, Tier A, Cell 10, Bottom	

### MGC

Date Received : 08/29/2006

Date of Recommendation: 09/26/2006

### GRIEVANCE COMMITTEE MEMBERS

Person Type	SBI #	Name	Vote
Staff		Eller, Gail	Deny
Staff		Heddinger, Brenda	Deny
Staff		Prather, Mary	Deny
Staff		McCreanor, Michael	Abstain

### VOTE COUNT

Uphold : 0

Deny : 3

Abstain : 1

### TIE BREAKER

Person Type	SBI #	Name	Vote
-------------	-------	------	------

### RECOMMENDATION

Hearing held 9/26/2006.

Deny: According to med records it appears that inmate is receiving treatment for his medical problems.  
Not for medical to determine his release due to negligence per inmate.

Inmate verbally informed of MGC decision and appeal form was supplied.  
Appeal due 10/3/2006.

**Correctional Medical Services**

**DATE:** 04/05/06

**FROM:** MHU MEDICAL

**TO:** WEBB, WILLIAM 256056 MHU 23

**RE:** X-RAY

**YOUR VENOUS DOPPLER STUDY SHOWED NO CLOTS. YOUR X-RAY WAS  
NORMAL.**

*[Handwritten signature]*

**DELAWARE DEPARTMENT OF CORRECTIONS**  
**UNIT FOR MEDICAL/DENTAL SICK CALL SERVICES**  
**Facility: DELAWARE CORRECTIONAL CENTER**  
 Facility is for (circle one): **MEDICAL DENTAL MENTAL HEALTH**

Wm. Webb  
 Name (Print)  
10/21/72  
 Date of Birth

00256056  
 SBI Number

O/E F17T  
 Housing Location  
January 2, 2007  
 Date Submitted

Complaint (What type of problem are you having)? Approximately a week and a half ago I was at sick call concerning a Staph infection, the nurse sent me back saying it was not, the area has gotten worse and with large bumps and pain, need immediate medical attention

William J. Webb Jr  
 Inmate Signature

January 2, 2007  
 Date

The below area is for medical use only. Please do not write any further.

S: Appt schedule — FU LON

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A: \_\_\_\_\_

P: \_\_\_\_\_

E: \_\_\_\_\_

Provider Signature & Title

Date & Time

FORM #585

MEDICAL GRIEVANCE

FACILITY: Delaware Correctional Center  
 INMATE'S NAME: William Joseph Webb Jr.  
 HOUSING UNIT: 21A17

DATE SUBMITTED: October 10, 2005  
 SBI#: 00256056  
 CASE #: 19264

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: Ongoing Situation

TYPE OF MEDICAL PROBLEM:

I have poor blood circulation in my legs. I have been intentionally denied the ultrasounds on my legs by Dr. Ali, who originally said I would receive them. I'm having problems with breathing and pains in my chest. I fear for my life because of the medical staff's sadistic manner. My health problems are life threatening.

GRIEVANT'S SIGNATURE:

William Joseph Webb Jr.

DATE: October 10, 2005

ACTION REQUESTED BY GRIEVANT:

The ultrasounds completed by an outside specialist due to there are funds available; before I have to take other actions for me to protect my life and health

DATE RECEIVED BY MEDICAL UNIT:

XCS U.S. Attorney General's Office

RECEIVED

OCT 12 2005

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, Inmate Grievance Office GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

Instructions for Submitting a Regular Grievance

Inmates are required, per DOC Procedure 4.4 [Inmate Grievance Procedure] to attempt to resolve complaints prior to filing a regular grievance. Grievances are to be submitted within seven (7) days from the date of the occurrence or incident or within seven days after the inmate became aware of the incident. The grievance is to be placed in the grievance box located in each housing unit.

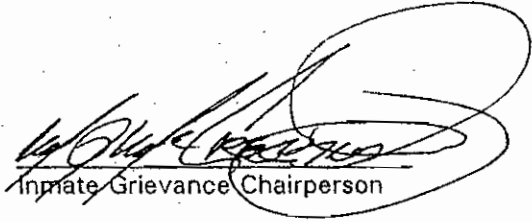
Only one issue per grievance form will be addressed. If the grievance is submitted on a weekend or a holiday, it will be received during the next working day.

## Return of Unprocessed Grievance

Intake Action: This Grievance Form is being returned to the inmate under the provisions outlined in DOV Procedure 4.4 "Inmate Grievance Procedure" for the following reason(s) :

- ☐ **Vulgar/Abusive or Threatening Language.** The Language that is unacceptable has been highlighted. The grievance may be resubmitted omitting this language.
- ☐ **Non-Grievable.** This issue has been defined as non-grievable in accordance with DOC Policy 4.4. These procedures have their own appeal process that must be followed.
- ☐ **Disciplinary Action**      ☐ **Parole Decision**      ☐ **Classification Action**
- ☐ **Request.** Requests are not processed through the grievance procedure. Please correspond with the appropriate Office to secure the information that is requested.
- ☒ **Duplicate Grievance(s).** This issue has been addressed previously in Grievance # 14406.
- ☐ **Original Grievances** must be submitted to the Inmate Grievance Chairperson. Photocopies are not accepted.
- ☐ **Inquiry on behalf of other inmates.** Inmates cannot submit grievances for other inmates.
- ☐ **Expired Filing period.** Grievance exceeds seven (7) days from date of occurrence.

*You have already grieved and appealed this issue. It is now at the BGO level*

  
Inmate Grievance Chairperson

OCT 26 2005

Date



### What does it mean to be Hepatitis C Positive?

If you have hepatitis C virus in your blood, you are hepatitis C positive. Most persons with chronic HCV infection will remain healthy, but over time a small number of persons will develop serious liver disease. Talk to your health care provider about your personal health status and risk of liver disease.

### How did you get Hepatitis C?

You have to mix someone else's blood with yours in order to get it, either by injecting drugs from a used needle, getting a tattoo from a used needle, or getting a blood transfusion. You might get it other ways, but having sex with someone does not often transmit it. Doctors do not think you can get it from just being around someone who has the infection.

### Tests you may need to find out if treatment with medicines is an option for you:

- Chronic (long-term) hepatitis C is diagnosed using special blood tests that can detect the presence of the virus in the blood or the antibody to the virus.
- ALT is a liver enzyme – something that is produced by your liver and released into the blood. The level of ALT in the blood is increased when the liver is inflamed for any reason, not just hepatitis C infection. In some cases of hepatitis C infection, the presence of a high ALT value in the blood may indicate liver damage.
- A liver biopsy is the only way to tell for sure about the condition of the liver. A biopsy is a test where a doctor removes a small piece of your liver through a special needle and checks the piece of liver for damage.
- If you have very little inflammation on the biopsy, you will probably get no benefit from currently available medications. You should continue to see your health care team and ask questions. New medications are being tested that may help in the future.
- If the liver biopsy shows that you have cirrhosis, that is when your liver is scarred, there is no proven benefit from the medications, but there is plenty you can do to live a long life.

### What treatment is available?

- Following a good diet, avoiding alcohol and drugs and periodic testing by your doctor. Medications are also available if you and your doctor decide your condition needs it.
- If you have chronic hepatitis C, there are two drugs that are currently available: Interferon and Ribavirin. Current drug treatment options are moderately effective. Newer medicines are being developed and should be available in the future that will improve treatment options. Talk to your health care provider to decide if medications are a good option for you at this time.
- Interferon is given by shots three times a week or by a new kind of shot once a week.
- Ribavirin is a capsule taken by mouth every day.
- The Interferon alone or both of the drugs are taken for up to 12 months.

### Do the medicines "cure" Hepatitis C?

Getting rid of the hepatitis C virus depends on the virus type, the medicines given and individual responses to the medicines. Only about half of the people who receive the medicines will get rid of the virus. Doctors are still uncertain about who will get a good outcome from taking the medicines, and who will get sick from them. The decision to offer you medications is complicated and should be discussed with your doctor.

### How will the medicines make you feel? (side effects)

- "Flu-like" symptoms— fever, muscle aches, and chills.
- Fatigue, which is feeling very tired.
- Feeling sick to your stomach (nausea) and loss of appetite.
- Being short-tempered (irritable) and depressed happens to some people.
- Difficulty sleeping and confusion can also happen to some people.

### What will you need to do?

- You **MUST** be off drugs and alcohol and be evaluated by the health care staff.
- You will be required to have blood tests and if needed a liver biopsy.
- If you are considered for medications, you must **promise** (and sometimes be willing to sign a contract) to take the medications without missing any doses. This is necessary to make sure the medications have a chance to work.
- **DO** be willing to make a commitment (promise) not to do the actions that may have caused infection with hepatitis C.
- **DO NOT** shoot drugs, drink alcohol, have sex with other inmates, or get a tattoo or body piercings while in prison or after release.
- **DO** expect to talk with the Mental Health Staff before starting medications. Some of the medications can make some mental illnesses worse.
- **DO NOT** try to have children while being treated with ribavirin, and for 6 months after you stop taking it. Severe birth defects can happen.
- **DO NOT** share any personal items that might have your blood on them, things like toothbrushes, razors, dental appliances, etc.
- **DO** cover cuts and skin sores to keep blood from contacting other persons.
- **DO** talk to a health care provider about how you can reduce the risk of transmitting HCV to others.
- **DO** talk to a health care provider before you taking any new medications, even over the counter medicines like NSAIDs.
- **DO** seek medical attention once you are released so you can continue your treatment plan.
- **DO NOT** donate blood, organs, tissue or semen.

CMS 7636 10/2004-Side A - English

Received 4/19/06 after Dr. Wiaz tried to give me  
Interferon shots

Original article:

<http://aolsvc.health.webmd.aol.com/content/Article/64/72317.htm>

## Newly Diagnosed with Hepatitis C

### Day One ... We're here to help.

Most people are surprised to hear they test positive for hepatitis C. You probably feel fine. Your doctor likely ordered the blood test because of something that put you at risk: a blood transfusion before 1992, for example.

If you've tested positive on a hepatitis C antibody test, you'll need one or more new blood tests to confirm the result. Get that second test! Sometimes the first test turns out to be a false alarm. More often, however, a person who tests positive really does have hepatitis C infection. In this case, knowledge is power. You can do a lot to keep well.

Four out of five people with hepatitis C infection don't have any signs or symptoms. But that changes over time. Seven out of 10 infected people eventually develop liver disease. While fewer than 5% of infected people die of hepatitis C-related liver disease, it's a leading cause of liver transplants.

People get hepatitis C from infected blood. Right now, how you got the infection isn't as important as what you're going to do to keep from infecting others. Don't donate blood, semen, or tissues. Don't share razors or toothbrushes with family members. If you get a piercing or tattoo, make sure the artist or piercer follows good health practices. If you are an injection drug user, please get into a treatment program. If you can't stop, don't share needles or works with other people.

You can't spread hepatitis C by hugging or kissing, by sharing eating utensils, or by casual household contact. There's no reason to stay away from people at work or at play.

What about sex? The chances of spreading hepatitis C through sexual intercourse are small. Anal or oral sex doesn't spread hepatitis C. If you have one steady partner, you need not change your sexual practices. But if you and your partner want to make extra sure, you may wish to start using latex condoms. Condoms aren't proven to prevent hepatitis spread, but they may reduce transmission if used correctly. If you have multiple sexual partners, it's wise to use condoms every time. You should also get vaccinated against hepatitis B.

Take a friend or trusted person with you when you go to see the doctor. This is not just for moral support. An extra pair of ears will help you remember important information.

As your doctor will tell you, there are new treatments that get rid of the virus in five out of 10 people. And there are things you can do for yourself:

- Stop using alcohol. If you can't stop, cut way back. Alcohol makes liver disease worse.

**Click Here**

• Day One

• What Is It

• How Do I Have It?

• What Is Treatment?

• 10 Questions to Ask Your Doctor

**Click Here**

• Visit the Hepatitis C Site

• Get the WebMD Daily Newsletter

- See your doctor on a regular basis.
- Check with your doctor before taking any new over-the-counter drugs or herbal supplements. Some of these products make liver disease worse.
- Talk with other people who have hepatitis C. Join a support group.

**Yours in health,**  
Michael W. Smith, MD

Medically reviewed by Cynthia Haines, MD, July 2004.

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Original article:

<http://aolsvc.health.webmd.aol.com/content/Article/64/72318.htm>

## Newly Diagnosed with Hepatitis C

### What Is It?

Hepatitis C is a virus. It's not easy to catch. You can only get infected if blood or body fluids from an infected person enter your body. It spreads by sharing the needles or works used to inject drugs, by accidental needlestick injuries in health-care settings, or from an infected mother to her baby during birth. Other ways you might be exposed to hepatitis C-infected blood include sharing razors or toothbrushes with an infected person or by getting a tattoo or body piercing at a place that reuses needles. Some people got infected through blood transfusions or organ transplants before 1992. Since then, new screening tests have greatly reduced the risk of infection from a transfusion or transplant. Hepatitis C may also be spread through sex, although this is not very common.

About 4 million Americans -- 2% of the population -- have hepatitis C. Hepatitis C usually goes unnoticed for many years -- possibly up to 10 to 20 years -- and is often first discovered through abnormal liver tests found in routine blood work.


A few people shake off hepatitis C infection soon after infection. Most -- 75% to 85% -- get a chronic infection.

Eventually some seven out of 10 people with chronic hepatitis C infections will get liver disease. Fewer than 5% of people die of this disease. However, so many people are infected it's become the leading cause of liver transplants.

Medically reviewed by Cynthia Haines, MD, July 2004.

SOURCES: CDC, National Institute of Diabetes & Digestive & Kidney Diseases.

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 **Hepatitis C**• [Day One](#)• [What Is It](#)• [How Do I Know I Have It?](#)• [What Is Treatment?](#)• [10 Questions to Ask Your Doctor](#) **More**• [Visit the Hepatitis C site](#)• [Get the Y Daily Newsletter](#)

Original article:  
<http://aolsvc.health.webmd.aol.com/content/Article/64/72343.htm>

## Newly Diagnosed with Hepatitis C

### How Do I Know I Have It?

Symptoms of hepatitis C include:

- Jaundice, a yellowing of the skin and the whites of the eyes
- Feeling tired all the time
- Dark urine
- Abdominal pain
- Appetite loss
- Nausea

These symptoms appear in only 20% of patients. The only sure way to know if you have hepatitis C infection is to get a blood test. You should get tested if:

- You are an injection drug user
- You received a blood transfusion or organ transplant before 1992
- You are on dialysis
- You have an undiagnosed liver problem
- You are health worker who has been exposed to the blood of someone known to be infected with hepatitis C

If your blood test is positive for hepatitis C, your doctor may want to do a liver biopsy. It sounds scary, but it's pretty simple. The doctor uses a needle to take a small sample of your liver. This is the best way for the doctor to tell how much damage hepatitis C has done.

Children born to hepatitis C-infected mothers should be tested when they are 12-18 months old.

Hepatitis C can be spread by sex, but this is very rare. Your risk of infection is low if you are in a monogamous relationship with a partner who has hepatitis C infection.

Anyone who wants to get a hepatitis C test should ask his or her doctor.

Medically reviewed by Cynthia Haines, MD, July 2004.

SOURCES: CDC, National Institute of Diabetes & Digestive & Kidney Diseases.

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Original article:

<http://aolsvc.health.webmd.aol.com/content/Article/64/72344.htm>

## Newly Diagnosed with Hepatitis C

### What's the Treatment?

If you test positive for hepatitis C, you need to see a doctor -- even if you feel fine. The first step is to find out whether you have liver disease.

Even if there's no disease, you should talk with your doctor about whether treatment is right for you.

The state-of-the-art treatment is combination therapy. One part of the treatment is a new form of interferon called pegylated interferon alpha -- this medicine is injected weekly. The second part of the treatment is the antiviral pill ribavirin.

Treatment is no walk in the park. It lasts for 24 to 48 weeks. Both interferon and ribavirin have serious side effects. About 50% of people with genotype 1 hepatitis C -- the most common form of hepatitis C -- respond to treatment. About 80% of people with genotypes 2 and 3 respond to treatment.

If you've had hepatitis C for many years and already have extensive liver damage, you may need a liver transplant. This means having your old liver removed and replaced with a liver from an organ donor. It's a serious operation, but one that is lifesaving for many people.

If you choose not to be treated right away -- or if treatment doesn't get rid of your hepatitis C -- taking care of yourself becomes more important than ever before. It's very important to stop drinking alcohol and taking recreational drugs. Alcohol and drugs can kill liver cells. It's also important to check with your doctor before taking any kind of medicine or herbal remedy -- even if it's sold over the counter, and even if you've taken it before.

Fortunately, new treatments are on the way. It's likely that these new drugs will be used in combination with existing agents to improve the chances of a cure.

Medically reviewed by Cynthia Haines, MD, July 2004.

SOURCES: CDC. National Institute of Diabetes & Digestive & Kidney Diseases.

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**Get Here**

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## Newly Diagnosed with Hepatitis C

### 10 Important Questions to Ask Your Doctor About Hepatitis C

1. What can I expect to happen to me?
2. What treatments are available and suitable for me?
3. Should I start treatment right away?
4. What are the side effects of treatment?
5. What else can I do to minimize my chances of liver disease? Can I still drink alcohol?
6. Are there any supplements or over-the-counter drugs I should take or avoid?
7. Where can I find emotional support for my family and for me?
8. How can I expect this to affect my marriage or other intimate relationships?
9. How do I explain my diagnosis to friends and family?
10. Are there any clinical trials I could participate in?

Medically reviewed by Cynthia Haines, MD, July 2004.

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#### Start Here

- [Day One](#)
- [What Is It?](#)
- [How Do I Know I Have It?](#)
- [What Is the Treatment?](#)
- [10 Questions to Ask Your Doctor](#)

#### Learn More

- [Visit the Hepatitis Health Center](#)
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**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): **MEDICAL DENTAL MENTAL HEALTH**

William J. Webb Jr.

23 A110T

Name (Print)

Housing Location

10/21/72

00256056

August 3 2006

Date of Birth

SBI Number

Date Submitted

Complaint (What type of problem are you having)? I need my blood tested for lead poisoning, and an ultrasound done on my liver.

William J. Webb Jr.

August 3 2006

Inmate Signature

Date

**The below area is for medical use only. Please do not write any further.**

S:

O:

Temp: \_\_\_\_\_

Pulse: \_\_\_\_\_

Resp: \_\_\_\_\_

B/P: \_\_\_\_\_

WT: \_\_\_\_\_

A:

P:

E:

Provider Signature & Title

Date & Time

FORM #585

MEDICAL GRIEVANCE

FACILITY: D.C.C.  
 INMATE'S NAME: William Joseph Webb Jr.  
 HOUSING UNIT: 23 AUIOT

DATE SUBMITTED: August 3, 2006  
 SBI#: 00256056  
 CASE #: \_\_\_\_\_

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: August 2, 2006

## TYPE OF MEDICAL PROBLEM:

On ~~April 19~~ August 2, 2006, Dr. Niaz asked the nurse about my H.I.V. and Tuberculosis tests' results which were supposed to be completed April 19 2006 or shortly thereafter. After reviewing my files I realized Dr. Niaz tried to start me on Interferon shots without following the proper medical procedures, such as a biopsy of my liver, Mental Health evaluation, and discussing my blood platelet levels, and also discussing ~~my~~ the possible side effects.

GRIEVANT'S SIGNATURE: William Joseph Webb Jr. DATE: August 3, 2006

ACTION REQUESTED BY GRIEVANT: An investigation why these actions happened and keep happening, also a recommendation for me to be released since I have been treated two years now with such gross negligence; Also why on February 20, 2005, I wasn't given medications and ice for my fever of 101.7° until it reached 104° and my leg was bright red and the

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

nurse put a heat pad on my leg, Dr. H. was the doctor the nurse called.

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

## Medical Journal

August 2, 2006 - Dr. Niaz and Nurse

Found out April 17, 2006 was supposed to have an H.I.V. test and Tuberculosis test, didn't happen. Rescheduled two weeks to see the doctor to schedule biopsy.

Earlier this year Dr. Niaz tried to give me the Interferon shots without following the procedures and without seeing Mental Health.

August 3, 2006 - Filed Sick Call slip  
requesting lead poisoning testing  
and ultrasound on liver.

April 3, 2006 - Filed Medical grievance  
on Dr. Niaz who tried to shoot me  
with ~~the~~ Interferon without following  
procedures, also on February 20, 2005  
where Dr. A. denied me meds and  
ice on my leg until my temp.  
rose to 104° and nurse put  
a heat pad on my leg.

~~August 3, 2015, but we took off shop  
for today. We had a very good afternoon  
for my time.~~

August 23, 2006 - SAW N. NISL,

He didn't say anything about my H.I.V. test results. Ordered that I see the regular doctor for my infection put me on antibiotics and ordered me ~~to be in~~ an ACE bandage for my burnt leg.

September 5, 2006

Dr. Rogers Saw doctor unknown and a nurse KC  
doctor said she was going to put me on two more  
weeks of antibiotics and tests for lead levels.

September 26, 2006

Had Level 2 grievance hearing and they lied again saying I received adequate medical care didn't address the Hepatitis C issues.

December 8, 2006

I filled out medical sick call stating I have a staph infection.

Also received Grievance Appeal No. 14406 appeals denied by Paul Howard about ultrasound for my legs.

December 18, 2006,

Went to medical nurse said it was nothing gave me a tube of ARD ointment charged me \$6.00.

January 2, 2007

Filled out sick call slip.

January 9, 2007

Went to sick call, got some antibiotics (10 day supply) and Brextratin.

January 13, 2007

Filled out sick call slip to be tested for Meningitis.

July 18, 2007

Saw Dr. Van Dissen, he said  
that he was scheduling my liver biopsy  
also ordered Cipro.

H.I.V. test came back negative.

August 13, 2007

Wrote Vandusen a letter stating  
I realized I have a case of M.R.S.A.  
and need another 15 day supply of  
Cipro.

DEPARTMENT OF CORRECTION  
Bureau of Prisons  
245 McKee Road  
Dover, Delaware 19904

February 16, 2007  
~~January 4, 2007~~

D/E, F-17

Inmate WEBB WILLIAM J J  
SBI # 00256056  
DCC Delaware Correctional Center  
SMYRNA DE, 19977

Dear WILLIAM WEBB:

We have reviewed your Grievance Case # 60046 dated 08/03/2006.

Based upon the documentation presented for our review, we deny your appeal request.

Accordingly, there is no further issue to mediate nor Outside Review necessary as provided by BOP Procedure 4.4 entitled "Inmate Grievance Procedure", Level III appeals.

Sincerely,

Richard Kearney  
Bureau Chief

DCC Delaware Correctional Center  
 Smyrna Landing Road  
 SMYRNA DE, 19977  
 Phone No. 302-653-9261

Date: 02/16/2007

**GRIEVANCE REPORT****OFFENDER GRIEVANCE INFORMATION**

<b>Offender Name :</b> WEBB, WILLIAM J J	<b>SBI# :</b> 00256056	<b>Institution :</b> DCC
<b>Grievance # :</b> 60046	<b>Grievance Date :</b> 08/03/2006	<b>Category :</b> Individual
<b>Status :</b> Resolved	<b>Resolution Status :</b> Level 3	<b>Resol. Date :</b> 02/16/2007
<b>Grievance Type:</b> Medical Staff	<b>Incident Date :</b> 08/02/2006	<b>Incident Time :</b>
<b>IGC :</b> Merson, Lise M	<b>Housing Location :</b> Bldg D-EAST, Tier F, Cell 17, Top	

**OFFENDER GRIEVANCE DETAILS**

**Description of Complaint:** Inmate claims: Dr. Niaz asked the nurse about my HIV and TB test results which were supposed to be completed 4/19/06 or shortly thereafter. After reviewing my files I realized Dr. Niaz tried to start me on Interferon shots without following the proper medical procedures, such as a biopsy of my liver, mental health evaluation, discussing my blood platelet levels, and the possible side effects.

**Remedy Requested :** An investigation why these actions happened and keep happening, also a recommendation for me to be released since I have been treated two years now with such gross negligence; Also why on 2/20/05, I wasn't given medications and ice for my fever of 101.7 until it reached 104+ and my leg was bright red and the nurse put a heat pad on my leg, Dr. A was the doctor the nurse called.

**INDIVIDUALS INVOLVED**

Type	SBI #	Name
------	-------	------

**ADDITIONAL GRIEVANCE INFORMATION**

<b>Medical Grievance :</b> YES	<b>Date Received by Medical Unit :</b> 08/14/2006
<b>Investigation Sent :</b> 08/14/2006	<b>Investigation Sent To :</b> Rodweller, Deborah
<b>Grievance Amount :</b>	

DCC Delaware Correctional Center

Date: 02/16/2007

Smyrna Landing Road

SMYRNA DE, 19977

Phone No. 302-653-9261

**INFORMAL RESOLUTION****OFFENDER GRIEVANCE INFORMATION**

Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC
Grievance # : 60046	Grievance Date : 08/03/2006	Category : Individual
Status : Resolved	Resolution Status: Level 3	Inmate Status :
Grievance Type: Medical Staff	Incident Date : 08/02/2006	Incident Time :
IGC : Merson, Lise M	Housing Location :Bldg D-EAST, Tier F, Cell 17, Top	

**INFORMAL RESOLUTION**

Investigator Name : Rodweller, Deborah

Date of Report 08/14/2006

Investigation Report : SEEN BY;

DR DURST 3-29-06

DR NIAZ 4-19-06

NP OTT 6-16-05

BLOODWORK ORDERED 4-19-06

Reason for Referring:

Offender's Signature: \_\_\_\_\_

Date : \_\_\_\_\_

Witness (Officer) : \_\_\_\_\_

DCC Delaware Correctional Center  
Smyrna Landing Road  
SMYRNA DE, 19977  
Phone No. 302-653-9261

Date: 02/16/2007

**GRIEVANCE INFORMATION - IGC****OFFENDER GRIEVANCE INFORMATION**

Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC
Grievance # : 60046	Grievance Date : 08/03/2006	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Medical Staff	Incident Date : 08/02/2006	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 17, Top	

**IGC**

Medical Provider: \_\_\_\_\_ Date Assigned \_\_\_\_\_

**Comments:**☒ Forward to MGC☐ Forward to Medical Provider☐ Warden Notified☐ Forward to RGC

Date Forwarded to MGC : 08/29/2006

☐ Offender Signature Captured

Date Offender Signed : \_\_\_\_\_

DCC Delaware Correctional Center  
Smyrna Landing Road  
SMYRNA DE, 19977  
Phone No. 302-653-9261

Date: 02/16/2007

**GRIEVANCE INFORMATION - Appeal****OFFENDER GRIEVANCE INFORMATION**

<b>Offender Name :</b> WEBB, WILLIAM J J	<b>SBI# :</b> 00256056	<b>Institution :</b> DCC
<b>Grievance # :</b> 60046	<b>Grievance Date :</b> 08/03/2006	<b>Category :</b> Individual
<b>Status :</b> Resolved	<b>Resolution Status :</b> Level 3	<b>Inmate Status :</b>
<b>Grievance Type:</b> Medical Staff	<b>Incident Date :</b> 08/02/2006	<b>Incident Time :</b>
<b>IGC :</b> Merson, Lise M	<b>Housing Location :</b> Bldg D-EAST, Tier F, Cell 17, Top	

**APPEAL REQUEST**

Appeal arrived 10/9/2006. Appeal accepted, Cpl Merson did not collect grievances/appeals due to being out on leave. Appeal states: The reasons I should be granted a medical release from prison are: .

1. I'm being denied medical care that is below standard of care due to me in which on February 20, 2005 I almost died.
2. The staff here is trying to cut corners in medical where I have Hepatitis C and again the doctor tried to shortch the procedures to gave money which could have proved deadly.
3. On August 3, 2006 I filed a sick call slip the same day as this grievance being appealed was filed and have yet to be seen for medical attention, therefore I qualify to be released so I can get my own medical insurance, I don't need the staff trying to avoid serious situations and lying trying to avoid their job.
4. Medicals actions amount to malpractice, gross and wanton negligence, I have been more then fair I need medical attention that is adequate not speedy to save money, I can get a job and get my own insurance.

**REMEDY REQUEST**

DCC Delaware Correctional Center  
 Smyrna Landing Road  
 SMYRNA DE, 19977  
 Phone No. 302-653-9261

Date: 02/16/2007

## GRIEVANCE INFORMATION - BGO

OFFENDER GRIEVANCE INFORMATION			
<b>Offender Name :</b> WEBB, WILLIAM J J	<b>SBI# :</b> 00256056	<b>Institution :</b> DCC	
<b>Grievance # :</b> 60046	<b>Grievance Date :</b> 08/03/2006	<b>Category :</b> Individual	
<b>Status :</b> Resolved	<b>Resolution Status :</b> Level 3	<b>Inmate Status :</b>	
<b>Grievance Type:</b> Medical Staff	<b>Incident Date :</b> 08/02/2006	<b>Incident Time :</b>	
<b>IGC :</b> Merson, Lise M	<b>Housing Location :</b> Bldg D-EAST, Tier F, Cell 17, Top		
REFERRED TO			
<b>Due Date :</b> 10/18/2006	<b>Referred to:</b> Person	<b>Name:</b> Welch, James	
<b>Type of Information Requested :</b>			
Grievant is a HIV and TB patient seeking recommendation for early release.			
DECISION			
<b>Date Received :</b> 10/11/2006			
<b>Decision Date :</b> 01/03/2007	<b>Vote :</b> Deny		
<b>Comments :</b>			
Grievance process is not the proper mechanism to apply for early release. I/M should utilize sentence modification process through court.			

DCC Delaware Correctional Center

Date: 02/16/2007

Smyrna Landing Road

SMYRNA DE, 19977

Phone No. 302-653-9261

**GRIEVANCE INFORMATION - Bureau Chief**

OFFENDER GRIEVANCE INFORMATION			
Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC	
Grievance # : 60046	Grievance Date : 08/03/2006	Category : Individual	
Status : Resolved	Resolution Status : Level 3	Inmate Status :	
Grievance Type: Medical Staff	Incident Date : 08/02/2006	Incident Time :	
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 17, Top		
DECISION			
Decision Date: 01/04/2007	Vote : Deny		
Comments :			

## GRIEVANCE INFORMATION - MGC

### OFFENDER GRIEVANCE INFORMATION

Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC
Grievance # : 60046	Grievance Date : 08/03/2006	Category : Individual
Status : Resolved	Resolution Status: Level 3	Inmate Status :
Grievance Type: Medical Staff	Incident Date : 08/02/2006	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 17, Top	

### MGC

Date Received : 08/29/2006      Date of Recommendation: 09/26/2006

### GRIEVANCE COMMITTEE MEMBERS

Person Type	SBI #	Name	Vote
Staff		Eller, Gail	Deny
Staff		Heddinger, Brenda	Deny
Staff		Prather, Mary	Deny
Staff		McCreanor, Michael	Abstain

### VOTE COUNT

**Uphold : 0      Deny : 3      Abstain : 1**

### TIE BREAKER

Person Type	SBI #	Name	Vote
-------------	-------	------	------

### RECOMMENDATION

Hearing held 9/26/2006.  
Deny: According to med records it appears that inmate is receiving treatment for his medical problems.  
Not for medical to determine his release due to negligence per inmate.  
Inmate verbally informed of MGC decision and appeal form was supplied.  
Appeal due 10/3/2006.

**Certificate of Service**

I, William J. Webb Jr. hereby certify that I have served a true and correct cop(ies) of the attached First Set of Discovery Upon the following parties/persons:

To: Eileen Kelly  
820 North French Street  
Wilmington, DE 19801

To: Patrick G. Rock  
913 Market Street  
Suite 800  
Wilmington, DE 19801

To: First Correctional Medical  
205 W. Giaconda Way  
Suite 115  
Tucson, AZ 85704

To: Dr. Ali  
1301 East 12<sup>th</sup> Street  
Wilmington, DE 19899

BY PLACING SAME IN A SEALED ENVELOPE, and depositing same in the United States Mail at the Delaware Correctional Center, Smyrna, DE 19977.

On this 20 day of August, 2007

  
\_\_\_\_\_  
William J Webb Jr. #236056

NAME William Joseph Wells Jr.  
SBI# 256056 UNIT ME F17T  
DELAWARE CORRECTIONAL CENTER  
1181 PADDOCK ROAD  
SMYRNA, DELAWARE 19977



Clerk of the U.S. Dist. Ct.  
844 King Street Lock box 18  
Wilmington, DE  
19801

"Legal Mail"